



# Container Garden: Design Questionnaire

**Client Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Desired Container Season (please circle one):** Spring (March/April)    Summer (May-September+/-)    Fall (Oct/Nov)    Winter (Dec/Jan)

**A. Please tell us about your CONTAINERS:** A1. Please fill in the chart below for the number of pots you would like us to create.

Pot #	Quantity	Description (with location information)	Diameter	L x W	Pot	Site
			(if round)	(rectangular)	Depth	Conditions
<i>Example</i>	<i>2</i>	<i>Front Door Urns (one on left and one on right side of front door)</i>	<i>18"</i>		<i>20"</i>	<i>Afternoon Sun</i>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

A2. Are the pots (listed above) currently filled with soil/roots or are they completely empty? \_\_\_\_\_ filled \_\_\_\_\_ / \_\_\_\_\_ empty \_\_\_\_\_

**B. Please tell us about you DESIGN PREFERENCES:**

B1. Do you have a specific color scheme in mind or are you open to a variety of colors *(depending upon the best of current/seasonal availability)*?  
\_\_\_\_\_

B2. Are there any colors or color combinations you wish to avoid? \_\_\_\_\_

B3. Are there any specific types of flowers or plants you wish to be sure are included or avoided? \_\_\_\_\_

B4. Is there any other information you wish to add? \_\_\_\_\_

B5. To be sure our arrangement is proportion and balance with the container you have , please text or e-mail photos of your containers to us at:

- 610-506-4399 (text)      - Mail@CypressLD.com (e-mail)